

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

14065

3923

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4501 Tennessee</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>		b. (Middle) <u>Wunsch</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 25, 1889</u>		9. AGE (In years full birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Wunsch</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Kessler</u>		14. NAME OF HUSBAND OR WIFE <u>Maude J. Wunsch</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude J. Wunsch 4501 Tennessee</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Calcinosi of adfren</u> ANTECEDENT CAUSES <u>adfren</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary carcinoma of Pancreas</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>6 mo</u> <u>?</u>	
19a. DATE OF OPERATION <u>3/6/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Pancreas & peritoneal glands</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis</u> (COUNTY) <u>Mo</u> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>157X</u>			
22. I hereby certify that I attended the deceased from <u>Feb 28</u> , 19 <u>55</u> , to <u>May 1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 1</u> , 19 <u>55</u> , and that death occurred at <u>1010a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mr. Leubloff MD.</u>				23b. ADDRESS <u>512 Small Place</u>		23c. DATE SIGNED <u>5-1-55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-4-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 3 1955</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home</u> <u>6322 S. Grand, St. Louis, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

Dr. Max Starkloff
512 Dover Pl.
Fl. 3-1706

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 795

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting. -
If this body is not embalmed, fact should be so stated above.